

VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		Datamaster cdm S/N <u>130125</u> ✓	
A	Name <u>Michael A. Wery</u>	ID# <u>3580</u>	Date <u>12-16-08</u> ✓
	Agency <u>AST</u>	Phone # <u>451-5100</u>	
	Instrument Location <u>Fairbanks</u> ✓		
B	Alco S/N <u>X301581</u> ✓		Target Value <u>.082</u> ✓
			High Pressure <u>900</u>
	Alco Test Value Average <u>.079</u> ✓ 1 st Alco		<u>.080</u> ✓ 2 nd Alco
Signature <u>Michael A. Wery</u> ✓			
(OVER)			

Under the Alaska Rules of Evidence, I certify that:
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Michael A Wery, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz

Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

1/6/09

Date

JAN 02 2009

VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N

130125 ✓

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130125

DECEMBER 16, 2008

OPERATOR'S NAME:

WERY/MICHAEL/A

OPERATOR'S NUMBER: 3530

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/MI:

OF CALIBRATION

O.L. #: 0

DEPT/AGENCY: FBK0

CASE/REPORT:

TEST TYPE: V

ALCO TARGET VALUE: .002 ✓

ALCO S/N: X301581

--- BREATH ANALYSIS ---

.002 ADJUSTED FOR 30.55 in

ALCO TARGET .003 14:11

BLANK TEST .000 14:12

INTERNAL STANDARD VERIFIED 14:13

ALCO TV 30.55 in .079 ✓ 14:13

BLANK TEST .000 14:14

SUBJECT SAMPLE .000 14:15

BLANK TEST .000 ✓ 14:15

ALCO TV 30.55 in .000 14:16

BLANK TEST .000 14:17

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130125

DECEMBER 16, 2008 ✓
TIME 14:08

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.56 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!#\$%&'()*+,-./0123456789:;<=>?@AB CDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~